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Trends in Invasive Pneumococcal Disease—Associated Hospitalizations

Samir S. Shah and Adam J. Ratner

Hospital discharge rates for persons admitted with invasive pneumococcal disease, including meningitis, have decreased since introduction of the heptavalent pneumococcal conjugate vaccine.

The decrease was driven in part by the reduction of invasive pneumococcal disease—associated hospitalizations in the subgroup aged ≥ 65 years.

Acute Hearing Loss Due to Scrub Typhus: A Forgotten Complication of a Reemerging Disease

R. Premaratna, T. G. A. N. Chandrasena, A. S. Dassayake, A. D. Loftis, G. A. Dasch, and H. J. de Silva

We describe 6 patients with scrub typhus who presented with acute hearing loss, a forgotten complication of this re-emerging disease. They were admitted with fever of 10–14 days' duration and had clinical evidence of deafness and pneumonitis. Five patients had eschars, which prompted the diagnosis of typhus fever and led to early institution of treatment. Deafness has been described as a clue to the diagnosis of scrub typhus; awareness of this symptom facilitated early diagnosis in 4 of 5 patients who recovered. Acute hearing loss or hearing impairment in a febrile patient should arouse strong suspicion of scrub typhus.

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ELECTRONIC ARTICLE

Efficacy of Machine Laundering to Eradicate Head Lice: Recommendations to Decontaminate Washable Clothes, Linens, and Fomites

Arezki Izri and Olivier Chosidow

The efficacy of machine laundering to eradicate head lice should be determined. Viable lice and nits were machine laundered using 3 washing programs (with water temperatures of 40°C, 50°C, and 60°C), with and without detergent, and the results were compared with results for control lice and nits. A drying program was also used. Either washing done with a water temperature of at least 50°C or drying is necessary to kill head lice and nits.

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Gary David, Thomas Perpoint, André Boibieux, Jean-Baptiste Pialat, Hélène Salord, Modjgan Devouassoux, Christian Chidiac, and Dominique Peyramond

We report the case of a homosexual, HIV-positive man with typical secondary syphilis and multiple excavated pulmonary subpleural nodules. Syphilis with direct pulmonary involvement was suggested by a positive result of PCR of a bronchoalveolar lavage fluid specimen, then confirmed by a positive therapeutic test result. Only 9 reports of pulmonary involvement in secondary syphilis have been reported to date in the English-language literature. Clinicians should be aware of this atypical localization of syphilis. [pp. e11–e15]

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Clinical and Immunological Comparison of Smallpox Vaccine Administered to the Outer versus the Inner Upper Arms of Vaccinia-Naïve Adults

Kirk H. Waibel, Hana Golding, Jody Manischewitz, Lisa R. King, Margaret Tuchscherer, Richard L. Topolski, and Douglas S. Walsh

The comparable clinical, immunological, and tolerability outcomes between smallpox vaccine applied to the conventional upper outer arm site versus the upper inner arm, coupled with modestly less vaccine-site erythema on the inner arm, indicate that the inner arm may be a suitable alternate vaccination site. [pp. e16–e20]

Ganciclovir Is Associated with Low or Undetectable Epstein-Barr Virus DNA Load in Cerebrospinal Fluid of Patients with HIV-Related Primary Central Nervous System Lymphoma

Simona Bossolasco, Kerstin I. Falk, Maurizio Ponzoni, Norberto Ceserani, Fulvio Crippa, Adriano Lazzarin, Annika Linde, and Paola Cinque

The effect of ganciclovir on EBV DNA load in cerebrospinal fluid supports the hypothesis that EBV is replicating in patients with PCNSL. This observation, together with the effect of ganciclovir therapy on patient survival, suggests that this drug might be useful for the management of PCNSL. [pp. e21–e25]

Cytomegalovirus Ventriculoencephalitis in a Peripheral Blood Stem Cell Transplant Recipient

Geraldine G. Miller, Guy Boivin, J. Stephen Dummer, Thomas McConnell, Mark W. Becher, Adetola Kassim, and Yi-Wei Tang

Cytomegalovirus encephalitis occurs rarely in transplant recipients. We describe a patient with cytomegalovirus ventriculoencephalitis who had a very high CSF viral load but a low peripheral blood viral load. No resistance mutations were present in cerebrospinal fluid viral DNA, whereas DNA from blood showed a resistance mutation in the UL54 gene but not in the UL97 gene. Viral replication was intense in the brain ependyma and periventricular areas without evidence of peripheral cytomegalovirus disease. The data provide evidence for compartmentalization of cytomegalovirus infection. Levels of ganciclovir and foscarnet in the cerebrospinal fluid may be inadequate for treatment, even for some drug-susceptible strains, and, together with periventricular replication, may explain the disparity between cerebrospinal fluid viral load and peripheral blood viral load. [pp. e26–e29]

Management of Potential Neurocysticercosis in Patients with HIV Infection

Sashank Prasad, Rob Roy MacGregor, Pablo Tebas, Lourdes B. Rodriguez, Javier A. Bustos, and A. Clinton White, Jr.

In patients with human immunodeficiency virus, the diagnosis of neurocysticercosis can be complex, and the current diagnostic criteria may not apply. We report 3 cases and suggest including the CD4⁺ T lymphocyte count as an important factor in the proper diagnosis and treatment of patients with human immunodeficiency virus and potential neurocysticercosis. [pp. e30–e34]

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***Lactobacillus* Bacteremia, Species Identification, and Antimicrobial Susceptibility of 85 Blood Isolates**

M. K. Salminen, H. Rautelin, S. Tynkkynen, T. Poussa, M. Saxelin, V. Valtonen, and A. Järvinen

Most clinical *Lactobacillus* blood isolates demonstrated low MICs of imipenem, piperacillin-tazobactam, erythromycin, and clindamycin, but they had variable susceptibility to penicillin and cephalosporins. [pp. e35-e44]

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Doxycycline Compared with Benzathine Penicillin for the Treatment of Early Syphilis

Khalil G. Ghanem, Emily J. Erbelding, Walter W. Cheng, and Anne M. Rompalo

Doxycycline appears to be an effective agent for the treatment of early syphilis. [pp. e45-e49]

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Reviewed by Sunil K. Sood

1062 Congenital and Perinatal Infections: A Concise Guide to Diagnosis

Edited by Cecelia Hutto

Reviewed by Leslie L. Barton

1062 Infectious Diseases of the Fetus and Newborn Infant, 6th Edition

Edited by Jack S. Remington, Jerome O. Klein, Christopher B. Wilson, and Carol J. Baker

Reviewed by Robert W. Tolan, Jr.

1063 Antimicrobial Therapy and Vaccines, Volume II: Antimicrobial Agents, 2nd Edition

Edited by Victor Yu, Geoffrey Edwards, Peggy S. McKinnon, Charles Peloquin, and Gene Morse

Amended by Stephen C. Aronoff

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1065 Talbot et al. (2006 42:657-68)

ELECTRONIC ARTICLES

Q Fever Outbreak at a Cosmetics Supply Factory

Amanda J. Wade, Allen C. Cheng, Eugene Athan, Jo L. Molloy, Owen C. Harris, John Stenos, and Andrew J. Hughes

Q fever is a zoonotic disease that is most commonly associated with outbreaks in slaughterhouses. We describe an outbreak of 4 cases occurring in a factory that processes ovine fetal products for the cosmetics industry. It is important that industries typically not associated with risk of Q fever are made aware of potential health risks that workers might be exposed to so further outbreaks might be prevented. [pp. e50-e52]

Long-Term Remission in Progressive Multifocal Leukoencephalopathy Caused by Idiopathic CD4⁺ T Lymphocytopenia: A Case Report

M. A. Rueger, H. Miletic, K. Dorries, C. Wyen, C. Eggers, M. Deckert, G. Faetkenheuer, and A. H. Jacobs

Progressive multifocal leukoencephalopathy is caused by JC virus, an opportunistic infection of the central nervous system. Antiretroviral treatment for progressive multifocal leukoencephalopathy in human immunodeficiency virus-infected patients is beneficial, but few data exist for patients who are not infected with human immunodeficiency virus. Idiopathic CD4⁺ T lymphocytopenia excludes human immunodeficiency virus infection. We describe a patient with progressive multifocal leukoencephalopathy with underlying idiopathic CD4⁺ T lymphocytopenia in whom functional recovery occurred without antiviral therapy. [pp. e53-e56]

Community-Associated Methicillin-Resistant *Staphylococcus aureus* Causing Chronic Pneumonia

Iram Enayet, Ali Nazeri, Leonard B. Johnson, Kathleen Riederer, Joan Pawlak, and Louis D. Saravolatz

A young woman presented with pneumonia of a 3-month duration with predominantly nodular pulmonary infiltrates. Methicillin-resistant *Staphylococcus aureus* was identified in multiple cultures of sputum specimens. According to findings of pulsed-field gel electrophoresis, the isolate was identical to USA 300 and carried a type IV *Staphylococcus* cassette chromosome *mec* type IV gene and the genes for Pantone-Valentine leukocidin. [pp. e57-e60]

Posaconazole Is Effective as Salvage Therapy in Zygomycosis: A Retrospective Summary of 91 Cases

Jo-Anne H. van Burik, Roberta S. Hare, Howard F. Solomon, Michael L. Corrado, and Dimitrios P. Kontoyiannis

To evaluate the activity of posaconazole for treatment of zygomycosis, a disease for which therapeutic options are limited, we conducted a retrospective study including 91 patients with zygomycosis (proven zygomycosis, 69 patients; probable zygomycosis, 22 patients). Patients had infection that was refractory to prior antifungal treatment ($n = 81$) or were intolerant of such treatment ($n = 10$) and participated in the compassionate-use posaconazole (800 mg/day) program. The rate of success (i.e., either complete or partial response) at 12 weeks after treatment initiation was 60%, and 21% of patients had stable disease. The overall high success and survival rates reported here provide encouraging data regarding posaconazole as an alternative therapy for zygomycosis. [pp. e61–e65]

Environmental Factors Influence the Rate of Human Herpesvirus Type 8 Infection in a Population with High Incidence of Classic Kaposi Sarcoma

Antonio Angeloni, Maria Vittoria Masala, Maria Antonietta Montesu, Roberta Santarelli, Rosanna Satta, Luca Ceccherini-Nelli, Paola Valdivieso, Alberto Faggioni, and Francesca Cottoni

High prevalence of human herpesvirus type 8 (HHV-8) infection has been reported on the island of Sardinia. Among emigrants from Sardinia, rates of HHV-8 infection are lower than they are in Sardinia and are similar to those observed in the local population. Thus, environmental factors seem to play a relevant role in affecting the prevalence of HHV-8 infection. [pp. e66–e68]

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Reviewed by Susan P. Fisher-Hoch

1217 Foodborne Pathogens: Microbiology and Molecular Biology

Edited by Pina M. Fratamico, Arun K. Bhunia, and James L. Smith

Reviewed by Kåre Mølbak

1218 Books Received

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1219 Stevens et al. (2005; 41:1373–406)

ELECTRONIC ARTICLES

The Bacteriologic Yield in Children with Intrathoracic Tuberculosis

B. J. Marais, A. C. Hesselning, R. P. Gie, H. S. Schaaf, D. A. Enarson, and N. Beyers

This report documents the bacteriologic yield in children who received treatment for intrathoracic tuberculosis in an area where it is highly endemic. A total of 307 children were included in the study, and bacteriologic confirmation was achieved in 122 (62.2%) of 196 children from whom specimens were collected. The lowest bacteriologic yield was recorded for the 69 children with uncomplicated lymph node disease (24 [34.8%] had bacteriologic confirmation). The high overall bacteriologic yield indicates the need to reassess the value of bacteriology-based approaches to diagnosis of intrathoracic tuberculosis in children, particularly in areas of endemicity where they frequently present with advanced disease. [pp. e69–e71]

Aerosolized Ribavirin–Induced Reversible Hepatotoxicity in a Hematopoietic Stem Cell Transplant Recipient with Hodgkin Lymphoma

Jorge Chaves, Auris Huen, Carlos Bueso-Ramos, Amar Safdar, and Saroj Vadhan-Raj

We describe a case of acute hepatic toxicity associated with aerosolized ribavirin in a bone marrow transplant recipient with documented respiratory syncytial virus infection. The temporal relationship with drug administration and the liver biopsy results suggested drug-induced hepatic injury. As the use of aerosolized ribavirin to treat respiratory syncytial virus infections continues, it is imperative that careful attention be paid to possible adverse effects of therapy in the high-risk population of immunosuppressed patients. [pp. e72–e75]

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Written by Edward J. Bottone

Reviewed by Susan M. Novak-Weekley

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1350 Anzueto et al. (2006; 42:73–81)

1350 Mylonakis (2002 34:1337–41)

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Family Outbreaks of Invasive Community-Associated Methicillin-Resistant *Staphylococcus aureus* Infection

Timothy F. Jones, C. Buddy Creech, Paul Erwin, Susan G. Baird, Amy M. Woron, and William Schaffner

Outbreaks of invasive methicillin-resistant *Staphylococcus aureus* infection within families are unusual. We investigated 2 family clusters of invasive methicillin-resistant *Staphylococcus aureus* infection, including 1 in which a young mother died of fulminant pneumonia. Although surveillance via culture of family contacts of patients with invasive methicillin-resistant *Staphylococcus aureus* infection is not currently recommended, such clusters should stimulate reevaluation of preventive measures. [pp. e76–e78]

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1510 Manual of Clinical Problems in Infectious Disease, 5th edition

Written by Nelson M. Gantz, Richard B. Brown, Steven L. Berk, and James W. Myers
Reviewed by Farrin A. Manian

ERRATUM

1512 Chaves et al. (2006; 42:e72-5)

ELECTRONIC ARTICLE

Apparent Resolution of Type 2 Diabetes Mellitus after Initiation of Potent Antiretroviral Therapy in a Man from Africa with HIV Infection

John Koeppe and Lisa Kosmiski

We describe a 52-year-old African man with human immunodeficiency virus infection and type 2 diabetes mellitus whose diabetes resolved as viral replication was suppressed with protease inhibitor-based antiretroviral therapy. This case suggests that human immunodeficiency virus infection itself can precipitate overt diabetes mellitus. [pp. e79–e81]

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- Early Detection of Perinatal Tuberculosis Using a Whole Blood Interferon- γ Release Assay**
Tom Connell, Naor Bar-Zeev, and Nigel Curtis

The advent of interferon- γ release assays may prove to be useful in the evaluation of infants with suspected perinatal TB. [pp. e82–e85]

Against All Odds: Molecular Confirmation of an Implausible Case of Bone Tuberculosis

Caroline Loiez, Eve Willery, J.-Louis Legrand, Véronique Vincent, Maria Cristina Gutierrez, René J. Courcol, and Philip Supply

We report the use of typing based on a variable number of tandem repeats of genetic elements called "mycobacterial interspersed repetitive units" to clarify a puzzling situation involving a patient with an exceptional case of spondylodiskitis that initially led to the suspicion of a possible event of laboratory cross-contamination with *Mycobacterium tuberculosis*. [pp. e86–e88]

HIV Type 2 Demyelinating Encephalomyelitis

Antoine Moulignier, Caroline Lascoux, and Anne Bourgarit

A human immunodeficiency virus (HIV) type 2 (HIV-2)-infected African patient developed inflammatory demyelinating lesions of the optic nerves, spinal cord, and brain, which coincided with a decreasing CD4 cell count and with active HIV-2 replication. This case provides evidence that HIV-2 is neurotropic, extends the range of known HIV-2-associated neurological complications, and confirms the overlap between the neurological complications of HIV type 1 and HIV-2 infection. [pp. e89–e91]

Deep-Seated Resistance in Relapsed Paratyphoid Fever

Graham S. Cooke, Fiona J. Cooke, Madeline Stone, Keith Turner, Adil Al-Nahhas, Zarni Win, John Wain, Thomas R. Rogers, Jon S. Friedland, and Kathleen B. Bamford

We describe a case of relapsed paratyphoid fever in which the isolate had reduced susceptibility to ciprofloxacin due to a rare mutation within the *gyrA* gene. ¹⁸F-fluorodeoxyglucose positron emission tomography scanning identified deep-seated infection including unsuspected aortitis and highlights the utility of novel imaging techniques to improve our understanding and treatment of this disease. [pp. e92–e94]

In Vivo Development of Ertapenem Resistance in a Patient with Pneumonia Caused by *Klebsiella pneumoniae* with an Extended-Spectrum β -Lactamase

Eugénie Elliott, Adrian J. Brink, Johan van Greune, Zia Els, Neil Woodford, Jane Turton, Marina Warner, and David M. Livermore

Four sequential extended-spectrum β -lactamase-producing isolates of *Klebsiella pneumoniae* were obtained from a patient after treatment with ertapenem and cultured. The first and fourth isolates were susceptible to ertapenem, whereas the second and third were resistant. All 4 isolates belonged to the same strain and produced a group 1 CTX-M enzyme; additionally, the resistant isolates had lost a porin. [pp. e95–e98]

Apparent Absence of *Pneumocystis jirovecii* in Healthy Subjects

Gilles Nevez, Eline Magois, Hyacinthe Duwat, Valérie Gouilleux, Vincent Jounieaux, and Anne Totet

We prospectively investigated 30 healthy subjects with normal CD4⁺ T cell counts in blood and normal findings of spirometry and chest radiography for the presence of *Pneumocystis jirovecii*, by performing polymerase chain reaction on sputum specimens. Fifty patients with chronic obstructive pulmonary disease were investigated at the same time in the same manner; this group was used as controls for the diagnosis of pulmonary colonization with *P. jirovecii*. None of the healthy subjects had positive test results, whereas the fungus was detected in 8 patients with chronic obstructive pulmonary disease. The results suggest that in our region (Amiens, France), *P. jirovecii* is apparently uncommon in healthy subjects and that this population, therefore, plays a minor role in circulation of the fungus within human communities. [pp. e99–e101]

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- 1692 Pubertal Development Predicts Resistance to Infection and Reinfection with *Schistosoma japonicum***
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- 1804 **Treatment of Shiga-Like Toxin-Producing *Escherichia coli* Infection**

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- 1807 **A Simple Algorithm for the Diagnosis of AIDS-Associated Genitourinary Tuberculosis**

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- 1808 **Cytomegalovirus Disease in HIV Infection: Twenty Years of a Regional Population's Experience**

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1818 Hagan et al. (2006; 42:669–72)

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ELECTRONIC ARTICLES

Estimated Risk of Endocarditis in Adults with Predisposing Cardiac Conditions Undergoing Dental Procedures With or Without Antibiotic Prophylaxis

Xavier Duval, F. Alla, B. Hoen, F. Danielou, S. Larrieu, F. Delahaye, C. Leport, and S. Briancçon

A huge number of prophylaxis doses would be necessary to prevent a very low number of IE cases. [pp. e102–e107]

Rhabdomyolysis during Therapy with Daptomycin

Stella Papadopoulos, Amanda M. Ball, Susanne E. Liewer, Craig A. Martin, P. Shane Winstead, and Brian S. Murphy

The use of daptomycin has been associated with an elevation in creatine phosphokinase level, with a reported incidence of 2.8% in phase III clinical trials. Published case reports have documented the presence of myopathy in patients who received daptomycin; however, there have been no previously reported cases of rhabdomyolysis in animals or humans to date. We describe a case of rhabdomyolysis during therapy with daptomycin. [pp. e108–e110]

Differences in Clinical Severity between Genotype A and Genotype B Human Metapneumovirus Infection in Children

Diego Vicente, Milagrosa Montes, Gustavo Cilla, Eduardo G. Perez-Yarza, and Emilio Perez-Trallero

The clinical spectrum of 69 episodes of metapneumovirus pediatric infection (55 episodes caused by genotype A and 14 episodes caused by genotype B) was analyzed. Diagnosis of pneumonia was more common and the illness severity index (determined on the basis of need for hospitalization, oxygen saturation <90%, and intensive care unit stay) was higher for patients with metapneumovirus genotype A infection. [pp. e111–e113]

